TED STATES PATENT AND TRADEMARK OFFICE

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Appl. No.: 09/785,862

Confirm. No.:

6339

Filed: Title:

February 16, 2001

WORKFLOW INTEGRATION SYSTEM FOR

ENTERPRISE WIDE ELECTRONIC

COLLABORATION

PATENT APPLICATION

Art Unit:

2176

Examiner:

Unassigned

Customer No. 23910

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Thereby certify that this correspondence is being deposited in the United States Postal Service with sufficient for the United States Postal Service with sufficient fo postage as first class mail in an envelope addressed to Commissioner for Patents, Art Unit 2176, Washington, DC

(Attorney Signature)

Signature Date: June 20, 2001

TRANSMITTAL LETTER

Commissioner for Patents Art Unit 2176 Washington, DC 20231

Sir:

Transmitted with this communication in connection with the above-identified application are the following:

- A Response under 37 C.F.R. §1.111 to the Office Action dated ___.
- A Response under 37 C.F.R. §1.116 to the Office Action dated ___.
- A Petition for an Extension of Time under 37 C.F.R. §1.136.
- A Statement pursuant to 37 C.F.R. §1.27 to establish small entity status under 37 C.F.R. §1.9(f).
- An Information Disclosure Statement pursuant to 37 C.F.R. §1.56. ___

The fee associated with this communication has been calculated as shown below:

Attorney Docket No.: BEAS-01033US6 jlohr/BEAS/1033/1033us6.IDS.trnsmtl.wpd

<u> </u>	No fee is required with this communication.								
	Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been established.								
_	A fee for extension of time for response under 37 C.F.R. §1.136 filed within _ month(s) after the original time for response of \$ is due.								
_	A fee of \$180.00 is due for the submission of the accompanying Information Disclosure Statement.								
_	A fee for add	lition of claim	s under	37 C.F.F	R. §1.10	6 is due as foll	lows:		
Claims Remaining Highest After Previously Amendment Paid For			Number Extra		Rate Small Entity/ Other Than Small Entity				
Total Claims	s [20	or more]	=	_*	X	\$ 9.00	=	\$	
Indepe Claims	endent s [30	or more]	=	_*	X	\$40.00 \$80.00	=	\$	
	resentation of ole Dependent					\$135.00 \$270.00	=	\$	
*If the	difference is	less than zero	, enter "()".					
					Add	itional Fee	=	\$	_
	The total fee	required with	this con	nmunica	tion is	\$ and is t	o be paid	d as follows	: :
_		e Deposit Acc ation is enclos		06-132	5 in the	amount of \$_	A du	plicate cop	y of
_	A check in the	ne amount of	\$ is e	nclosed					

✓ The Commissioner is hereby authorized to charge underpayment of any fees, including the following fees, associated with this communication or credit any overpayment to Deposit Account No. 06-1325. A duplicate copy of this authorization is enclosed.
 ✓ Any filing fees under 37 C.F.R. §1.16 for the presentation of additional claims.
 ✓ Any patent application processing fees under 37 C.F.R. §1.17 including any applicable fee for extension of time.
 Respectfully submitted,

Date:

 ✓ 20/2001
 By:
 ✓ Jison D. Lohr Reg. No. P-48,163

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